

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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A Public Document

1. Agency Name

Division, Department, or Region (If Applicable)

Probation Department / Edge Unit

Designated Agency Contact (Name, Title)

Marnet Williams PCT II

Area Code/Phone Number

(408) 573-3249

E-mail

Marnet.Williams@pru.sccgov.org

Date Stamp

2016 MAR 16 PM 2:17

California Form 802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: (Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☒

Face Value of Each Ticket/Pass \$ 50.00

Event Description Barracuda vs Reign

Provide Title/Explanation

Date(s) 2/10/16

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐

If no: San Jose Arena Authority Pavilion Ticket Distribution

Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes: Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Santa Clara County Probation Edge Unit	24	For youth who are on probation, and have never had a chance to attend a sporting event.

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Marnet Williams Probation Counselor II 2/19/16

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment: